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Engaging with the Spectrum of Normalcy:

Creative Narratives to Challenge Preconceptions of Mental Illness

Brenna Lewis-Slammon

University of Vermont, 2017

English Undergraduate Thesis

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Abstract

Currently, American culture perpetuates a vast misunderstanding surrounding the topic of mental illness through misrepresentative media and literary portrayals that generalize the dramatized extremes of disorders to all individuals suffering from a mental illness. This issue is both exacerbated and defined by the lack of fluid, layperson conversations about mental health. This project aims to invoke an interior and exterior dialogue about the preconceptions, stereotypes, and biases that our society holds concerning mental illness. This will be achieved via a series of short narratives that borrow from Toni Morrison's innovative techniques in her 1983 text "Recitatif." In this short story, Morrison excludes racial labels and codes as she describes the lifelong and challenging friendship of two women of differing races to whom race is essential. In the current project, the social coding being excluded will focus on mental illness as opposed to Morrison's focus on race. The evocation of Morrison's work is not done to equate race and mental illness, which are two unrelated though potentially co-existing identities. Instead, the aim of the current project is to highlight another, separate pattern of oppression within our society. Through this shift in focus, an ambiguity is established that acknowledges the humanity within each character, allowing each to be a whole and complex individual separate from stereotypical characterizations, regardless of their mental health status.

Significance

This project holds immense significance for me on both academic and personal levels. In a broad academic sense, it serves as a fusion of my two majors: Psychological Science and English. Both of my majors are ultimately concerned with the human condition: how and why we as organisms live and make meaning out of that living. Yet, each major takes a very distinct approach to those questions.

Through my study of Psychological Science, I have gained empirical knowledge and language, notions that are concrete as well as flexible to hold onto in my understanding of human life. I have studied the processes through which microscopic neurotransmitters, such as dopamine, work to create an addictive cycle of pleasure. I have studied the ways in which social groups such as families form, support each other, and sometimes break apart. I have even studied the force behind our every action: motivation. In these things, I have experienced our lived world as it is explained through theoretical laws that are substantially supported through empirical evidence, but that are never fully accepted as the absolute truth. With this, my world has both been simplified through its parceling into theories and made all the more complex in its falsifiability and inexactitudes.

On the other hand, my study of English has provided me with an introduction to the nuances of perspective. I have learned that one sentence, for example, can be read as many ways as there are minds reading it. Through my study of African American literature, particularly that of Toni Morrison, I have come to understand how implicit language is in social structure and history. If the study of Psychological Science brought me an understanding of the unspoken laws that dictate human behavior and cognition, English has provided me an understanding of the

modalities through which those laws are enacted. Through the combination of these two majors, I have become more familiar with the interconnectedness that drives our lives.

On a personal level, this project reaches me through my family and close friends. Growing up nearly everyone close to me was either in the business of healing or in need of help. Both of my parents work in healthcare, and as a result my childhood was peppered with stories of individuals whom the systems in place had failed. My dad would share the story of a young boy who had no social support at home, was misunderstood by his teachers, and recently had been diagnosed with attention deficit disorder (ADD). Similarly, my mom would return home from a long day at work with the story of a college student she was seeing for a check up who had recently dropped out of school because her drinking had grown so severe. Although each of these stories was always anonymous, they felt familiar in their humanity. For each, I knew someone who could easily be the patient or client in question: my brother, my best friend, my uncle, my teacher, my classmate, or my neighbor with his eternal smile. I would imagine the outlines of their stories being recounted to another child of another care-provider. As a result, the boundaries between “us” and “them,” “normal” and “abnormal” blurred and refused to hold in my mind.

I have seen personal, academic, and professional lives fade to the background as the people I love most weather the storms of depression, post traumatic stress disorder, substance abuse problems, anxiety, attention disorders, and eating disorders. Moreover, I have witnessed these very individuals shy away from care because they are embarrassed, or have been ridiculed in the past for their mental health needs. I have seen them let opportunities go because they have not yet chosen to believe in their own worth. Through all of this, though, I have also learned that

it is the very presence of their struggle (whatever that may be) that makes each of those individuals who they are: brilliant, caring, empathetic, bold, honest, brave, and resilient.

Table of Contents

Literature Review

Introduction.....	7
Quantifying and Qualifying the Conversation.....	9
Historical Grounding.....	9
Modern Experience.....	11
Stigma as a Complex Psychological Phenomenon.....	14
Theories and Definitions.....	14
Modern Research.....	16
Successful Interventions.....	18
The Current Project.....	19
Toni Morrison’s “Recitatif” and the Elimination of Racial Coding.....	19
The Literary Construction of Mental Illness.....	24
Narratives to Challenge Preconceptions of Mental Illness.....	28
Creative Narratives	
Rose and Ella.....	30
Cameron and Angelina.....	39
Naima and Sean.....	50
Conclusion.....	61
Acknowledgements.....	64
Appendix A – Progressive Works on Mental Illness: A Reading List.....	65
References.....	68

Literature Review

In a modern culture that seems to celebrate social progression, it is remarkable, if not surprising, that individuals suffering from mental illness in the United States continue to experience stereotyping, prejudice, and discrimination. In reality, however, attitudes towards those with mental health disorders have varied very little over the past 50 years (Whitley & Campbell, 2014). Historically, those who suffer from psychological disorders in the United States have been alienated, treated as sub-human, and stigmatized for matters that are, to a large extent, out of their control (Hyers, Brown, & Sullivan, 2015; Mantel, 2013). Perhaps stemming from mental illnesses' place in society, for a significant portion of our country's history mental healthcare has been both lacking in quality and accessibility. This is not to say there have not been strides towards better and more equal treatment of individuals living with mental illness, but instead that this progress has been slow and unsatisfactory. Notably, initiatives have been made towards humane treatment practices in recent years and research has been done that further removes the patient's personal responsibility for her/his disease (Mantel, 2013). Yet, there is still a tradition of fear and "othering" felt towards those who live with mental illness.

The stigma that many individuals with psychopathological diagnoses face can interfere with personal, psychological, and professional outcomes, such as treatment, employment, housing, and interpersonal relationships (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989; Corrigan, 2005). Thus, the greater society loses contributing citizens, and those living with mental illnesses are denied basic rights (Yang, Cho, & Kleinman, 2008). To combat the issue of stigma it is necessary to understand what it is and how it functions. Stigma itself is a complex, psychological phenomenon that can be experienced in the relationship a person has with themselves, with others, or with society as a whole (Yang et al., 2008). Across psychological,

anthropological, and sociological disciplines, many theories have provided potential explanations for the functions of stigma, particularly the stigma of mental illness. In this review, I will touch on the leading theories and recent research that contribute to how the scientific community views stigma today.

It is also essential to understand the interventions that exist for combatting stigma directed towards mental illness. More specifically, it is necessary to identify the characteristics of successful interventions for the purposes of this project. There are commonalities across the literature of successful interventions such as contact (both direct and indirect) with individuals who have psychopathologies or the sharing of their experiences. These commonalities in combination with the key features of Toni Morrison's 1983 short story "Recitatif" will be examined and ultimately connected to the practices of this creative work to substantiate its claims of effectiveness.

The purpose of this literature review is to quantify and qualify the current conversation and ideation on mental illness in America (as it is based on its historical tradition), to understand stigma as a complex psychological phenomenon, to substantiate the effectiveness of this creative project based on the findings of modern research, and to unpack the functions underlying Toni Morrison's 1983 short story "Recitatif." Ultimately, this project will be successful in disrupting the typical association made between diagnostic label and individual through its use of exposure, familiarity, a blurred labeling process, and the normalization of psychopathological experience.

Quantifying and Qualifying the Conversation

Historical Grounding

Society has long placed individuals with mental illness in a stigmatized position. The word “stigma” originates from the ancient Greek practice of marking socially rejected people (Hyers, Brown, & Sullivan, 2015). Though it has been a metaphorical mark in more recent times, this rejection has limited both the personal growth of those living with mental illness and mental illness research at large. Historically, there was a practice of classifying stigmatized groups, such as those living with mental illness, as either inferior to “normal” human beings or deficient in culture (Hyers et al., 2015). Thus, those living with psychological disorders were thought to be incapable of solving their own problems and were placed in a second-class status that ultimately created new struggles for them. This social casting contributes to structural stigma, which includes the ways those with mental illness have been historically disenfranchised (Corrigan, 2005).

As more research has been done on mental illness globally, America’s view has become more understanding but still incomplete. A major turning point in the field of stigma research was the introduction during the civil rights movement of marginalized groups to academic conversations both directly related to stigma and otherwise involved in intellectual pursuits (Hyers et al., 2015). As these marginalized individuals contributed to various academic conversations, they also were representative of how successful members of their stigmatized groups could be if given the opportunity. Additionally, this largely resulted in the recognition of variability and the role of individual differences within stigmatized groups. Even with small progressions such as this, individuals with psychological disorders continue to be misunderstood

and misrepresented. This is evident both historically and presently as well in the development of the mental healthcare system in the United States.

Throughout American history, the levels of government responsible for mental healthcare have shifted many times. Following the American Revolution, the mental health patient's family or local community would be the main source of care, offering morally obligated support through private charity or government aid for the poor (Grob, 1994). Due to progression and expansion at the societal level, however, families and communities could no longer care for individuals with mental illness in a sustainable fashion (Mantel, 2013). Thus, there was a turn towards institutionalization. In the late 1800s, it was common practice for individuals living with a mental illness in America to be sent to jails, poorhouses or asylums where they often faced inhumane treatment (Mantel, 2013). Due to the continuing division of responsibility for the mentally ill between government offices, there was general confusion and care was most often given with the goal of cost-effectiveness, as opposed to the psychological wellbeing of the patients (Grob, 1994).

During the mid-nineteenth century, as a result of the inadequate care available to mental health patients, a number of social advocates spoke out against the injustices being done unto the mentally ill community, such as Dorothea Dix in her work to increase national involvement with mental healthcare (Grob, 1994). Unfortunately, for many years their efforts were only marginally successful. It wasn't until the early 20th century that the federal government took the majority of responsibility for mental healthcare, resulting in increased resources and facilities. Due to the discontinuous and disorganized care available at public institutions throughout this time, patients tended to require ongoing treatment that contributed to the overcrowding of state mental

hospitals (Grob, 1994). As a result, in the 1950s, there was a boom in privatized, community, and specialized care (Mantel, 2013).

After World War II, there was a step back from institutionalization, resulting in more holistic care, more psychological research, and earlier interventions via community-based treatment (Grob, 1994). One of the leading forces in this innovative new direction for mental healthcare in the United States was the creation of the National Institute for Mental Health (NIMH) in 1946. The creation and expansion of the pharmaceutical industry was also central to the progression of mental healthcare at this time (Mantel, 2013). After many legislative twists and turns, particularly in the Reagan era, federal disability programs were created that allowed individuals with manageable levels of mental illness to reintegrate into society (Grob, 1995). In the last 30 years, there has been an increase in affordable and accessible mental health care, as well (Mantel, 2013). That is not to say that everyone has access to the care that they require but that there is a forward momentum to mental healthcare in the United States (Grob, 1994).

Though there have been substantial strides forward, there are still a number of factors working against individuals who are seeking mental healthcare and psychological wellbeing in the United States such as the stigma of having a mental illness. Recently, the relations made between mental illness and violent crimes, such as mass-shootings, have contributed to the stigma of mental illness (Mantel, 2013). Thus, although the mental healthcare system in the United States has progressed substantially from its origins, there is still an immense amount of work to be done particularly in relation to stigma relief.

Modern Experience

Today, the conversation on mental illness is inadequate; meanwhile, mental illness remains a pervasive force within our society. According to research done by the Roper Center for

Public Opinion (2015), in 2006, approximately 66% of Americans reported knowing at least one person who has received treatment for mental health issues. Moreover, research by Gallup (2009) indicates that 17% of American adults have received a diagnosis of depression at some point in their lives and about 25% of America's population lives with a diagnosable mental illness (Mantel, 2013). Despite this seeming proximity to mental health that the majority of the population experiences, another poll from the early 2000's indicates that 47% of Americans would feel uncomfortable living next door to someone with a serious mental illness and 66% would feel uncomfortable if a person with a serious mental illness worked in their child's school (Roper Center for Public Opinion Research, 2015). Similarly, although health professionals at one Connecticut hospital expressed positivity about socializing with individuals living with mental illness, they expressed some doubt over how normatively integrated mentally ill patients can become in society (Stefanovics et al., 2016). Although a significant proportion of America's population is affected by mental illness, the majority feels uncomfortable or unsafe around people living with psychopathologies.

There are a number of factors that are contributing to this discordance between exposure and understanding, one of which is the gross misuse of media in portraying individuals who have mental illnesses. Most commonly, individuals with a mental illness are portrayed as homogenous, dangerous, lazy, or helpless. For example, in the American series *Shameless* the central character, Frank Gallagher, is an individual suffering from substance abuse and alcohol addiction who is regularly portrayed as lazy, living off of the government, engaging in illegal activities, aggressive, dangerous, and abusive to his family (Wells et al., 2011-2017). These media depictions are particularly damaging because stereotypic media representations of those with mental illness are more salient than less extreme portrayals, which are associated with

viewers overestimation of the frequency of severe mental illness (Quintero Johnson & Riles, 2016). Quintero Johnson and Riles (2016) also found that individuals who recalled more severe media depictions of mental illness were less comfortable around people perceived as mentally ill. Although it is certainly not the only societal component contributing to the stigma felt by those with mental illness, media is clearly an influential and highly accessible medium through which the mentally ill are depicted.

Individuals living with diagnosable psychological disorders carry the burden of America's insecurities and misconceptions about mental illness. In a longitudinal study, Whitley and Campbell (2014) heard from participants with mental illness diagnoses that stigma was an ever-present problem in their lives. Similarly, in Young's (2009) study examining four memoirs written by individuals with psychopathological diagnoses, each author wrote about experiences in which they were viewed as weak because of their mental illness, they felt shame due to stigma, and they experienced social isolation due to their illness. Not only do these experiences with stigma foster an unpleasant relationship between the individual and society, but also these stigmatized ideals are often internalized. Kroska and Harkness (2006) found that psychiatric patients were more likely to exhibit lower feelings of worth, less power, and less activity than non-patients. Thus, American citizens living with mental illness often experience a vastly different social climate than "normal" individuals and are likely to internalize the stereotypical ideations directed at them.

Those living with mental illnesses develop an acute awareness for the ways in which others perceive them, perhaps from an accumulation of past, negative experiences. Participants in a recovery community (a residential community of individuals with psychopathological diagnoses post-treatment) exhibited vigilance over their appearance and behavior with the hope

of passing as “normal” and avoiding unwanted attention (Whitley & Campbell, 2014). In another study of 35 U.S. states, Columbia, and Puerto Rico, 24.6% of individuals suffering from mental illness reported a belief that people were generally “caring and sympathetic” towards those with mental illness while 57.3% of non-mentally ill participants believed the same (Manderscheid et al., 2010). This finding may allude to the privileged unawareness granted to those seemingly unaffected by mental illness. In one particularly telling study, individuals living in recovery from a mental illness referred to their experiences of stigma as a “low class citizenship”, which may only be refuted through their ability to be upstanding members of society (Whitley & Campbell, 2014). Through their experiences with stigma and prejudice, many of those living with mental illness are attuned to the injustices that surround their diagnoses and expend much of their time and energy in efforts to avoid fulfilling stereotypic portrayals of the mentally ill.

Stigma as a Complex Psychological Phenomenon

Theories and Definitions

Within the current field of stigma research, there are a number of relevant definitions and proposed modalities of function that are key to understanding the stigma associated with mental illness today. In fact, some of the earliest formal theories proposed in the field still hold as structural frameworks for more modern ideals. In 1963, Erving Goffman, a prominent sociologist, wrote a groundbreaking, albeit flawed, work that acted as a prelude to the modern conversation on mental illness and stigma (Hyers et al., 2015). In his influential book, *Stigma: Notes on the Management of a Spoiled Identity*, Goffman (1963) describes stigma as a negative ascription resulting from violations of the expected norm (on the part of the stigmatized) in a social interaction. For example, if an individual is seen talking to herself/himself in public, this violates our social expectations about “normal” conduct. As a result of this social deviation, the

stigmatizer assigns a set of negative attributions to the stigmatized, such as that they are “crazy” or dangerous. In more recent years, the role of responsibility has been challenged within Goffman’s stigma framework; instead of it being the mentally ill person’s responsibility to appear “normal”, it has been deemed a failing on the part of the individual who is judging the stigmatized to assume a presumably incomplete “normal” standard (Hyers et al., 2015). Thus, although there have been nuanced and modern revisions to Goffman’s original research, his foundational ideas still carry a significant amount of weight when discussing the function of stigma. From this revision, it is evident that it is a flaw in society’s expectations that drives the damaging outcomes of stigmatization.

Yet, more than just expectations color society’s view of those who live with mental illness. There are some aspects of human social perception that are deeply rooted in our evolution. Kurzban and Leary (2001) oriented the function of stigma within an evolutionary psychological perspective, taking into account the role of natural selection as a means of survival and reproduction. According to this theory, stigma towards those with mental illness is the result of three adaptive functions of human socializing: poor social exchange partner (the avoidance of social interactions with those who provide little benefit or threaten harm); outgroup exploitation (the exclusion and redefinition of individuals of a particular group to create a power structure that facilitates exploitation); and, parasite avoidance (the human predisposition to avoid any condition that may be contagious). Therefore, the process of stigmatization may be viewed as a theoretically adaptive force that has societal maladaptive ramifications in its real world practice.

Throughout the last 30 years, many of social psychology’s theories on stigma have been centered on the role of a mark, label, or physical characteristic of the stigmatized individual as the catalyst for stigmatization (Yang et al., 2008). Labeling theories have been countered by the

idea that the outward signs of mental illness spur the public's reaction to those who have psychopathological disorders; however, the majority of research suggests that both the label and behavior of the stigmatized individual contribute to their experienced stigma (Corrigan, 2005). A theory of great relevance for this project and a leading theory in the field is the Modified Labeling Theory (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989). In their Modified Labeling Theory, Link et al. (1989) proposed that the label of "mental illness" carries a host of negative connotations that are then applied to those who are given the label, thus producing damaging outcomes. These outcomes can include a reduction in an individual's social circle or the internalization of experienced stigma (Link et al., 1989). Thus, the label of "mental illness" can be both internally and externally damaging.

Yet, the creation and function of stigma is not quite as simple as it may seem. In a later work, Link and Phelan (2001) define stigma as the sum of its parts, which include, in order of operation, labeling, stereotyping, separation, status loss, and discrimination as they occur within a specific power structure. Thus, stigma is posited as a process requiring specific conditions in order for it to occur, the first of which is the act of labeling. Further on the topic of labeling, the initial catalyst of stigmatization, Link and Phelan (2001) also specify that although there is often the assumption of concrete categories into which whatever we are attempting to label may fall, most often these defining characteristics exist on a spectrum, such as is the case with mental illness. Therefore, labeling is believed to be the trigger that ignites stigmatization, but the process through which we label is not as hard and fast as we would like to think.

Modern Research

In support of the theoretical models, there continues to be ample research backing the foundational principle that societal and personal ideation around those with mental illness

influences mental health patients' self-concepts. In one study, Kroska and Harkness (2006) found that for individuals who have a mental illness, their views of mental health patients' goodness and activity were positively correlated with how they believed others perceived them. In a later study, individuals with affective disorders (such as depression) held self-ideations that were correlated with common ideations around "mentally ill" people, thus suggesting an internalization of stereotypes (Kroska & Harkness, 2008). Similarly, Young's (2009) study of memoirs written by individuals with mental illness suggested that psychological diagnoses can lead to a conflict between self identity and societal preconceptions of the "mentally ill." Societal representations of mental illness are therefore paramount in determining the influence an individual's psychological health will have on her/his concept of self.

This connection between societal representations of the mentally ill and the individual's views of self extends itself to the topics of control and power as well. Kroska and Harkness (2006) found that individuals who are in treatment for a mental illness held beliefs about mental health patient's power that were positively correlated with their self-ideations about their own power. However, this connection may not always be damaging. In a later study, Kroska and Harkness (2008) found that for schizophrenic patients there was a positive correlation between their viewing those with mental illness as powerful and high levels of self-esteem. That said, this finding still reinforces the significant association between patients' views of self and their views of a mental health patient (Kroska and Harkness, 2008). Thus, the Modified Labeling Theory (Link et al., 1989) is again supported.

Although not unrelated to societal representations of mental illness, discrimination and symptomology also contribute to mental health patients' psychological wellbeing. Quinn, Williams, and Weisz (2015) found that the more individuals living with mental illness

experienced discrimination, the more likely they were to anticipate it, which is correlated with more internalization of stigmatized ideals. In another study, the severity of symptoms and the individual's ability to function with a mental illness were significantly and positively correlated with how family members think of their afflicted kin, how people with mental illnesses believe others perceive them, and how individuals with mental illnesses internalize stereotypes (Markowitz, Angell, & Greenberg, 2011). Markowitz, Angell, and Greenberg (2011) also suggest that both symptoms and stigma are reflected in recovery outcomes for individuals who have a mental illness. Thus, it appears clear that there is a significant and influential correlation between societal and personal representations of mental illness and a mental health patient's psychological wellbeing.

Successful Interventions

Interventions focused on contact and normalization are effective means of reducing the levels of stigma and marginalization mental health patients experience. Hackler, Vogel, & Cornish (2016) found that non-mentally ill participants reported reduced desire for social distance from individuals with mental illness after personal contact with individuals who have psychological diagnoses. Similarly in support of the contact hypothesis, Kroska and Harkness (2006) found that people who shared close and trusting bonds with individuals living with mental illness were shown to have less stigmatized ideals of mental health sufferers than average college students. Interestingly, this finding extends beyond direct contact with individuals who have mental illness diagnoses. When individuals see anonymous friends and family telling the stories of a loved one's mental illness, viewers expressed less desire for social distance from individuals living with a mental illness (Hackler et al., 2016). Likewise, through a relation of common experiences seen through the perspective of mental illness, memoirs and narratives have the

potential to normalize experiences of mental illness (Young, 2009). Contact in its many forms is an effective way of both normalizing the experiences of those with mental illness and reducing the marginalization mental health patients often experience.

In many successful interventions, it is also important to address the underlying psychological processes by which stigma is created. Mainly, the internalization of stigmatized self-concepts by mental health patients emphasizes the need to change cognitions around individual's mental health (Quinn et al., 2015). In one study, individuals in recovery with psychological diagnoses likened their mental illness to physical illness and referred to it as the extreme of the mental health spectrum as ways of both normalizing their condition and reducing self stigma (Whitley & Campbell, 2014). It is also possible to reinvent cognitions around mental illness via writing. Through the process of individuals living with mental illness writing narratives, a different, varied, and personal story may be told that may refute prevailing assumptions about individuals with psychological disorders (Young, 2009). For example, one author Young (2009) analyzed was professionally and interpersonally highly successful, which undermines common, negative societal assumptions about those with psychiatric disorders. Thus, by telling a different story about mental illness and mental health, it is possible to redefine societal and personal ideation.

The Current Project

Toni Morrison's "Recitatif" and the Elimination of Racial Coding

To more fully elaborate on the current project, it is necessary to first consider what it is that Toni Morrison does in her 1983 short story "Recitatif," and how, through her stylistic choices, she accomplishes it.

Morrison's 1983 short story starts when the two central characters, Twyla and Roberta, meet as children at St. Bonaventure orphanage. The story then follows these women's sporadic and coincidental meetings throughout approximately 20 years of their lives. From the start, the reader is aware that Twyla and Roberta are of differing races and sociocultural backgrounds; however, Morrison removes the racial identifiers from the text, all the while maintaining that the story is grounded in our racially ordered society. Through the evocation of racial order without concrete signifiers of race, Morrison provides a social critique on the unsatisfying ways in which language, particularly that used in canonical literature, so often heavily relies upon tropes and stereotypic portrayals of race. Morrison wrote to this effect in the introduction to her 1992 text *Playing in the Dark: Whiteness and the Literary Imagination*:

The kind of work I have always wanted to do requires me to learn how to maneuver ways to free up the language from its sometimes sinister, frequently lazy, almost always predictable employment of racially informed and determined chains. (The only short story I have ever written "Recitatif," was an experiment in the removal of all racial codes from a narrative about two characters of different races for whom racial identity is crucial.). (xi)

Through Morrison's experimentation with racial language in "Recitatif," she creates a space for the reader to evaluate her/his own implicitness in a language, an art form, and thus, a society in which damaging, race-based oversimplifications routinely occur.

One way in which Morrison practices this exclusion of racial coding is through her maintenance of a racial ambiguity between Roberta and Twyla. What this means is the reader is repeatedly made aware that one girl is white and the other is black, but Morrison never unveils which character holds which racial identity. Morrison accomplishes this by offering racially

defined sentiments that could be directed at or coming from either side of the racial divide. For example, while at the orphanage, Twyla notes of her friendship with Roberta, “so for the moment it didn’t matter that we looked like salt and pepper standing there and that’s what the other kids called us sometimes” (244). Moreover, the characters are highly conscious of their racial difference, which constantly makes this racial elusiveness salient to the reader. Upon coming to St. Bonaventure orphanage, Twyla introduces this divide while commenting on sharing a room with Roberta; “it was one thing to be taken out of your own bed early in the morning – it was something else to be stuck in a strange place with a girl from a whole other race” (243). As is exemplified in this moment, Morrison establishes and maintains this crucial ambiguity through remarks highlighting the characters’ racial differences, but avoiding any direct ownership of a particular racial identity. In response to a text grounded in a racial society, but removed from racial labels, the reader may begin to evaluate her/his own assumptions as they engage (or not) in identifying racial signifiers throughout the text that are in actuality ambiguous.

Maggie, the racially ambiguous, mute, and bow-legged kitchen woman at the orphanage, serves as an embodiment of the space between black and white, the divide between Roberta and Twyla, and the uncertainty that exists in not knowing when it comes to race. Further, through the evocation of the parenthetical in Maggie’s legs and the voiceless in her inability to speak, her character becomes a symbol for the often overlooked and tragic racial history in America (Benjamin, 2013). As adults, Twyla and Roberta struggle to remember a specific moment they shared with Maggie in which she was the victim of violence. Throughout their chance meetings, Twyla and Roberta debate about Maggie’s race and whether they or the older girls at the orphanage hurt her, asking themselves and each other “what the hell happened to Maggie?” (261). As a result of this narrative choice, Morrison begins to engage her audience with their own

conscience. She demands accountability for America's complicated history of race relations and challenges the social construction of race.

What can be read as racial tension or personal unrest also plays a role in substantiating the racial ambiguity within a racially-determined society in "Recitatif," a story distinguished by characters whose race is elusive to its readership. From the beginning of Twyla and Roberta's complicated relationship, Twyla, as the narrator, offers derisive remarks about Roberta. Roberta, in turn, engages in instances of public rejection of Twyla. In one instance, the women meet in an upscale grocery store, where Roberta is doing her regular shopping and Twyla is indulging beyond her husband's meager income. Here, Twyla notes of Roberta, "Easy, I thought. Everything is so easy for them. They think they own the world" (252). As Twyla evaluates her old friend, she takes on an accusatory tone and engages in a simplification of Roberta's life, both of which may be read as indications of racial tension or personal resentment. As explanation for Twyla's remarks, before the grocery store incident the last time the two women saw each other was an unpleasant meeting at a Howard Johnson's. Roberta, accompanied by friends and acting as a patron, humiliated and dismissed Twyla who was her server at the time. In this, Twyla's remarks may be read from a more personal and human place. Additionally, Morrison sets Twyla and Roberta on opposing sides of the school desegregation movement of the 1980s. Initially, both women stand alongside other mothers advocating for their political positions. Increasingly, though, Roberta and Twyla make the fight personal, using their picket signs to make pointed remarks about each other. This both evokes a classic social setting for racial tension and challenges it as the two women make their fights personal as well as political, indicating how the two are essentially inextricable. Thus, in these instances of racial tension, the social constructions

of race and associated derogatory behavior become challenged in the light of Morrison's removal of racial labels.

Throughout "Recitatif," Morrison assigns Twyla and Roberta to differing identities outside of their race, such as their educational, cultural, and economic positions. These identities may be read through a racial lens, thus further complicating Twyla and Roberta as racially elusive characters. When Twyla and Roberta meet in the orphanage, they are essentially equal. Each girl has as much as the other, and so it is relatively easy for them to support a friendship; however, a racial tension still exists between the two girls that is largely propagated by external, social sources, such as their mothers' lack of acceptance for their friendship.

As they progress through educational, cultural, and economic life experiences, each girl's social position changes. When they are in school together at the orphanage, Twyla recalls, "We were eight years old and got F's all the time. Me because I couldn't remember what I read or what the teacher said. And Roberta because she couldn't read at all and didn't even listen to the teacher" (244). When they meet again and visit a café together, Roberta announces and demonstrates her reading abilities. In classic African American literature, particularly neo-slave narratives, literacy plays a crucial role in character's achievement of personal freedom and liberation. Thus, Morrison's current evocation of illiteracy and later reform nods towards this cultural tradition and blurs it in the light of Roberta's racial ambiguity. Similarly, when the two women meet at the Howard Johnson's, Roberta is following Jimi Hendrix, a deeply influential African American musical artist popular in the 1960s. Twyla, on the other hand, does not know who he is, something she attributes to her small town status. Through this, Roberta and Twyla are further implicated in a cultural scene rooted in race that is interpretatively complex.

Finally, when the women meet as adults they are at drastically different economic and social places. Roberta is married to an IBM executive and is part of a wave of wealthy people who are buying up the town of Newburgh. Twyla, on the other hand, is comfortably married to a firefighter whose family has been in the town for generations. Through Roberta's economic placement, gentrification and wealth are implied, which are historically white social positions. Twyla, on the other hand, is of average income and happily situated inside her husband's large family. Both community and wealth disparity are often associated with black social positions. These assignments are not meant to stand in place of racial identifiers, but instead they complicate the aspects of our society that race is an implicit part of, thus challenging our portrayals and interpretations of race, itself.

As has been demonstrated, Morrison challenges the literary and social constructions of race in America through her removal of racial labels as they are grounded in a racially-determined society. Morrison accomplishes all of this through her choice use of ambiguity, racial tension, and the evocation of other identities historically associated with specific races. Through the removal of racial coding, the characters, the readers, and the author (and other authors of other works) are implicated in a deeply maladaptive pattern of thought around race. Thus, "Recitatif" serves to begin a new conversation about race that will better identify the previous limitations exhibited in literary portrayals of race and the social implications of such constructions.

The Literary Construction of Mental Illness

Following Toni Morrison's exploration of race in "Recitatif," it is now necessary to consider the ways in which mental illness is portrayed in classic literature. Of course, race and mental illness are two distinct identities. Race is an inherently visual construction, whereas

mental illness may exist beneath the awareness of the public eye and has personal implications for the individual. This, amongst other crucial differences, alters the ways that these two identities are portrayed in literature. A most notable difference between the two identities, especially within the context of the current project, is that diagnosable mental illnesses must alter perception, behavior, or cognition in a way that is ultimately maladaptive or distressing to the individual. That said, there is a huge amount of variability in terms of individual differences, expressed symptomology, and levels of impairment even within specific diagnoses. Therefore, it is impossible to make one story representative of the entire community of individuals who have mental illnesses. As an extension of this, in stories featuring psychological illnesses the dramatization of symptomology and often vague reference to mental illness as a singular group contributes to the danger of inappropriate generalizations being made to a community that is, in fact, immensely diverse.

Although more modern literature deals with mental illness in fairly progressive ways, many older texts focusing on mental illness have been placed in the canon of American literature. For example, *The Bell Jar* by Sylvia Plath (1963), *The Catcher in the Rye* by J.D. Salinger (1951), and *One Flew Over the Cuckoo's Nest* by Ken Kesey (1962) are all classic American novels that deal either directly or indirectly with mental illness. Through this popularization, these books are often taught and discussed amongst the general public who may not have access to or interest in reading other stories about mental illness. They are irrefutably worthwhile reads; however, they also offer flawed portrayals of individuals who have a mental illness. Thus, they inadvertently propagate negative and false stereotypes about mental illness that do not apply to the majority of individuals who live with a mental illness diagnosis.

One common theme across many of these canonical texts that explore mental illness is that mental health patients are incompetent or unable to care for themselves. This trope is illustrated in the beginning of Sylvia Plath's *The Bell Jar* (1963) when the narrator Esther Greenwood remarks, "Only I wasn't steering anything, not even myself" (3). Comments such as these as well as character passivity imply a lack of control and sense of incompetence in reference to characters who suffer from a mental illness. In truth, only about 5% of adults are affected by severe and debilitating mental illnesses, whereas about 20% of the adult population in America is eligible for mental disorder diagnoses each year (National Institutes of Health, 2007). Thus, portrayals of individuals who suffer from mental illness as unproductive members of society are not representative of the majority.

Similarly, many novels depict untreated individuals who have mental illnesses, unrealistic causes of mental disorders, and/or ineffectual treatment options that only worsen the patient's condition. In J.D. Salinger's *The Catcher in the Rye* (1951), the main character, Holden Caulfield, seems to be suffering from an untreated mood disorder, potentially depression. He wanders New York City after leaving his boarding school a week before the end of term in search of some human connection to save him from his unrelenting loneliness. In many dramatized narrations of mental illness, the cause of the disorder is explained by a lack of social acceptance, which in reality may worsen a disorder, but is unlikely to be the cause. Explanations such as these undermine the role of biological contributions to mental illnesses. Additionally, in novels such as Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962), outdated and ineffectual treatment options are described, such as lobotomies. Although the mental healthcare system in the United States is flawed, as discussed earlier, these portrayals of treatment for individuals who

have mental illnesses as barbaric, tyrannical, and ineffective are not accurate representations of today's treatment options.

Lastly, and perhaps most damagingly, individuals who live with mental illnesses are commonly portrayed as a danger to themselves or others in both modern and canonical texts. Of course, there are individuals who suffer from severe mental illnesses or personality disorders that put them at risk for hurting themselves or others, but, again, they are not the majority of mental health sufferers (National Institutes of Health, 2007). Suicide and suicidal thoughts are overwhelmingly included in classic and modern literature dealing with mental illness, such as in *The Catcher in the Rye* (Salinger, 1951), *One Flew Over the Cuckoo's Nest* (Kesey, 1962), *The Bell Jar* (Plath, 1963), *The Things They Carried* (O'Brien, 1990), *Girl, Interrupted* (Kaysen, 1993), and *The Perks of Being a Wallflower* (Chbosky, 1999). Also, it is not uncommon for characters in books or movies who have a mental illness to harm or intend to harm others in their environment, such as in *One Flew Over the Cuckoo's Nest* (Kesey, 1962), when in actuality the instances of this are very uncommon. Thus, through violent portrayals of mental illness in literature, false ideas of instability and dangerousness are associated with the broad array of mental health sufferers.

Common literary portrayals of mental illness, such as are seen in many canonical texts, propagate ideas of incompetence, untreated extremes in symptomology, and dangerousness that, if they may be realistically applied at all, are only relevant to a small minority of individuals who have a mental illness. Additionally, many famous literary works that deal with mental illness paint the mental healthcare industry as brutal, ineffective, and misguided, in part, representing mental healthcare's sordid past, but equally misrepresenting the actual standards of care that exist today.

Narratives to Challenge Preconceptions of Mental Illness

The purpose of this creative research project is to highlight and challenge the damaging constructions of mental illness in our society with the ultimate goal of prompting a healthier conversation about mental disorders. The inability to engage in an accurate mental health dialogue both hinders the social progression of our country and often has maladaptive ramifications for those in need of treatment (especially with respect to the beneficial role of social support during treatment). This project will attempt to combat this conversational shortcoming by bringing the prejudices, assumptions, and biases that surround mental illness to the forefront of the reader's thoughts via a systematic exclusion of psychological coding. This will be accomplished through the removal of diagnostic labels. In each story, the reader will get to know two characters – one character will have a diagnosable mental illness and the other will be considered “normal” – however, the reader will not know who is who.

This will be achieved through the borrowing of Toni Morrison's technique of removing racial signifiers in the presence of a racially ordered society that she implements in her innovative short story “Recitatif.” In this narrative, Morrison utilizes racial ambiguity in the presence of social tension and the evocation of other identities historically associated with specific races to complicate reader's interpretations. It should be noted that my evocation of Morrison's work is not done to equate race and mental illness in any way, but is instead done to bring awareness to another marginalized group within our society: those who struggle with psychological disorders.

Mental illness has been historically and presently misrepresented in literary and other media forms, which reinforces stereotypical ideation around mental illness. Most often, individuals who suffer from mental illnesses are portrayed as incompetent/out of control,

untreated/undergoing ineffective treatment, and/or dangerous to themselves and others. At best, these portrayals relate to a small and extreme minority within the mentally ill community. Even then, many media portrayals are dramatized and unrealistic. Thus, these depictions that create and fortify common ideation around mental illness are not representative of the majority of mental health sufferers.

In this series of short narratives, I will be utilizing and modifying Morrison's exclusion of racial coding to explore the topic of mental illness. These short narratives will be focused on dyadic relationships in which one character has a diagnosable mental illness, but the reader does not know which character that is. Through this, a tension will be created that reveals the spectrum of normal/abnormal behavior as well as the knee-jerk presumptions that drive common cognitions around mental health and illness.

My hope is that this research will demonstrate how we all engage in a pattern of thought around mental illness that is maladaptive to the psychological health of our society. This systematic ideation fails to consider those who live with psychological diagnoses (and those who go undiagnosed) as whole, sentient individuals as deserving of equal rights and compassion as those who are deemed "normal."

Rose and Ella

Three steps forward, and one step back. Before Rose and her mom came to Rushmore, I didn't have any friends, not the real kind, the ones you share secrets with. My mother says it's because I have trouble reading people, but I told her that reading is for books, not people. What my mother meant is that it's hard for me to understand other people. I understand Rose, though. That's why we're best friends. I've asked.

Rose and I always walk to school together because her mother works overnight at the gas station on Main Street and mine teaches early classes at the local college. Her father died a few years ago in a car accident and mine works out of town during the week. We walk under the guidance of my older brother Joseph. Although, he usually runs ahead, so he isn't seen with his "crazy" little sister and her "weird" friend. Once free from supervision, Rose and I traverse our harmless, neighborhood like explorers on safari. When I grow up, I want to study big cats in Africa, especially lions. I love lions because their communication is formulaic, unlike ours. And because they are the most social of all wild felids. Our walks are excellent training for my future research.

"Ella, what if we pretend we're in the Himalayas today?" Rose asks, breaking my concentration. I was counting my steps. Every third step I pause and take a small step backwards.

"But, we always pretend we're in the jungle," I say. My feet shift forwards, forwards, forwards, and then back.

"I know. We could just see if we like it? It could be good to try something new," Rose prompts.

"No. No. The jungle is better," I say.

"Okay, fine." Rose quickens her pace and I have to let go of my pattern to keep up.

Our first obstacle is the drawbridge that connects our neighborhood with the one behind Rushmore Elementary School. We skip every other wooden board, making a game of hopscotch out of the rotting panels. Below, the small stream is transformed into careening rapids that threaten as much as they excite. Death lurches behind us like an unwelcome shadow. I keep my eyes glued on my Mary Janes and, at her insistence, hold Rose's hand tightly in case one of us should slip. With each meticulous step, my stomach twists into tighter knots. My heart thumps wildly just behind my earlobes, deafening the sound of the urgent water. It is only after my feet sink into the soft earth of the opposite shore that the tension disperses from my coiled muscles. My arms and legs feel loose like ragdoll limbs. As a demonstration of this release, I walk in a zigzag pattern, allowing gravity to pull my body from side-to-side: left, then right, and left again.

"What are you doing?" Rose asks, frozen, unsure.

"I felt so nervous crossing that *treacherous* bridge. Now that we've made it across, I feel all floppy," I say. Rose giggles in kindred appreciation and follows suit. We zig and zag up and down the street, our laughter ricocheting back and forth like our bodies.

With our silly game, safety is reinstated. That is, until we are faced with yet another challenge: Mrs. Farrell's orange tabby-cat, Simon. His orange-yellow fur blazes into a wild mane in the late summer sunshine. He is more lion than domestic housecat stretched upon the verdant grass of Mrs. Farrell's front yard. We stealthily tiptoe by, careful not to wake him. After all, you can never be too cautious within the territory of big cats, I should know. When we are only halfway past the house, the tabby begins to stir and stretch. His liquid muscles ripple just beneath his fiery coat, and we run as if he is a lion poised to pounce. As I turn onto the next street, I can hear Rose's flip flops slapping the pavement just behind me. We narrowly escape a grizzly death by housecat.

“What species was that?” Rose pants, slowing to a walk.

“This one was a Barbary Lion. They’re thought to exist only in captivity, so it’s a miracle we found one in the wild. We’re going to be famous once we report it,” I breathe.

“We’ll have to ask Mrs. Farrell if that’s okay,” Rose says.

I just nod.

As we walk through a neighborhood so colorful the houses look fake, we conjure blossoming bushes and heavy canopies out of trimmed hedges and well-maintained lawns. Rose loves this part of our walk because she wants to be a botanist when she grows up. She’s told me. She already knows over 100 jungle plant species. She names them as we walk along like a frog pulling flies from the air.

“Oh, a Rubber Tree! And a Silky Oak... that’s a Corpse Flower. The Corpse Flower has the largest bloom in the whole world.”

I nod, not quite hearing Rose’s shouts over the sound of my heart that still beats loudly from our last escape. Slowly, her words register, “Wait, the largest in the world?”

“Yep,” Rose says, clearly satisfied by the awe in my voice.

Lining the smoothly paved street and even sidewalks, there are six yellow houses, four blue, and three red (although two are brick, which don’t quite count). The yellow houses are my favorite because they remind me of buttercups, the little flowers we hold to our chins in summertime to determine whether or not we truly like butter. I love them for their certainty. Not everything is so clear. Rose likes the blue, though. She says they remind her of uninterrupted skies.

Once we were lying in Rose’s backyard after school when she told me that the clouds weren’t right. Rose can be very particular about clouds.

“There’s going to be a storm tonight. My mom said so. When my dad was still here and there were storms, we would always watch them together,” Rose looked lost in the sky as she spoke. “It’s like a show.” After a moment, Rose pointed up at the light, fluffy clouds. “But those are cumulus clouds, not cumulonimbus clouds, which make up storms.” Rose tore her eyes away from the sky, and looked at me straight, her brow furrowed. “It’s not right.”

Normally, I would think it was a strange game, but Rose looked very serious, so I agreed to watch the clouds to see if a cumulonimbus formed. They floated like ships without anchors across the sky: steady but inexact. We were so focused on watching the cloud’s movements, we didn’t even see wild animals, metallic spaceships, or funny hats in their elusive, puffy borders. An hour passed. Our bodies grew stiff and cold despite the sun when an ominous, dark cloud finally came to full form. Rose smiled, satisfied. That afternoon, she got to watch her show as lightning touched down to the earth again and again, giving nutrients back to the soil. My mother even let me stay to watch although I was mostly listening. The thunder growled like a very large lion hiding just beyond the hills.

Short of breath and flushed from our adventures, we arrive at school. A rush of sound greets us as many small voices combine to a growing ruckus that reverberates throughout the paved playground. Rows of children are lined up haphazardly, waiting for the school bell to mark the start of a new day. Some talk excessively, as if a whole life has passed since they last saw their friends. A few stand apart from the groups, occupying themselves by climbing the handrails along the front stairs, or watching the small bugs that wobble across the pavement’s cracked surface.

Having been assigned to different classrooms this year for the first time, Rose and I say our good-byes, holding onto the knowledge that we will see each other later. Since it is a Monday, we have art together this afternoon. Rose waves and turns away. She trots over to a group of her friends from class. I can hear Rose telling them about how her mother is taking her out of school for a doctor's appointment later this morning. Rose must have been so caught up in our adventures that she forgot to mention it to me. I slowly make my way over to where my class has half-heartedly grouped. Finding my place in line, I attempt to stand as directly behind the girl in front of me as possible, subtly shifting my position as she shifts her weight from foot to foot. Left, right, left, right, left, right...

"I like your shoes, Ella." The girl in front of me has turned around. It is my friend Grace. She's the kind of friend that you don't share secrets with. I still my swaying. I notice her shoes and my own.

"Oh, thanks. I like yours." I say, admiring her purple sneakers. I feel especially proud of my Mary Janes today because they didn't foil my escapes. I'm glad Grace noticed them.

There's a silence before the bell rings. Then, our teacher comes outside and prompts our unruly line through the door.

When it's time for art, Rose comes bounding up to my table just as I'm pulling out my paints. "Check it out, the doctor gave me a lollipop and I saved it for you. I don't like the grape ones, anyway." Rose sticks out her tongue as she hands me the perfectly wrapped candy.

I forgive her instantly for forgetting to tell me about her doctor's appointment earlier and reply, "Thanks. How was the doctor's?" I love the doctor's office. Everything has a place and every visit is the same, except when I get shots.

“Fine, you know...” Rose hesitates. “My mom was acting weird on the way back to school.”

“How?” I ask. Rose’s mom was one of the nicest mothers I had ever met, aside from my own.

Rose studies her hands as if she is memorizing every line and vein. “My mother said it was good that we’re friends. She kept going on and on about it. I don’t know why she cares.”

“Oh, that’s nice, I guess.” I bit back my own mother’s disapproval of our friendship. I don’t know why my mother doesn’t want Rose to be my friend, but I know it would make Rose sad if she knew. People don’t like it when other people don’t like them. Still, my mother is always nice to Rose when she comes over.

“Yeah. What are you painting?” Rose asks, pulling out a small supply box plastered with stickers.

“Simon,” I respond. I imagine the way he grows from cat to lion and smile.

“Oh, you should paint Mrs. Farrell behind him,” Rose suggests.

“No, I don’t want to,” I say, adding more red to his coat. It is magnificent.

“No, you should. He needs her. Just like this.” Rose reaches over my painting and creates a yellow blob behind Simon. I push her hand away and a long yellow streak cuts through Simon’s orange body. It looks like lightning. I hold my breath.

“Why did you do that? You’ve ruined it now,” Rose says, her voice growing louder and louder.

“Me? What have *you* done? Poor Simon. Poor, poor Simon. Why would you do that? Why? Why? Why?” I look at Rose through filling eyes.

“It’s Mrs. Farrell. Simon is Mrs. Farrell’s cat. He needs Mrs. Farrell. *You* pushed my hand. You did it,” Rose yells. I don’t like it when people yell. It hurts. I move my hands over my ears. Simon is a lion, not a cat. How could Rose forget?

“Why aren’t you listening to me?” Rose pushes my box of paints onto the floor, and they explode in a wave of color. Mr. Dunham, our art teacher, rushes over to our table.

“Ella, what’s going on here?” Mr. Dunham asks.

He stands so tall in front of me, I forget my words. I look at Rose and then back at Mr. Dunham. I can tell Rose is upset. Her arms are crossed tight over her chest and she is scowling down at her blank paper. She is quieter now. I am still angry at her for ruining Simon, but happy that she isn’t yelling.

“Rose, what happened?” Mr. Dunham asks, crouching next to her chair. Rose refuses to respond. “Rose, we’ve talked about this, you have to respond to me when I ask you a question.”

Rose pulls her arms in tighter around her. “Ask her,” Rose spits out.

“Fine. Ella, what happened?” Mr. Dunham tries.

“Sh-she ruined him,” I stammer, my eyes never leaving Simon.

“Rose, pack up your things. I’m calling Mrs. Brown to come get you.”

Mrs. Brown is our school counselor. Usually, she makes Rose and I talk about stupid things when we are called to her office. Sometimes, though, we play board games and that’s better. I’m glad I’m not going today.

“Rose. Now.” Mr. Dunham warns. He looks angry. I don’t want him to yell. When people are angry, they yell. Rose begins to pack up her things slowly. She never looks at me. Not even when she leaves.

I feel the emptiness of Rose's seat beside me as I begin to paint another Simon. This time, his fur becomes fire eating away at the paper. This makes me think about how Barbary lions only exist in captivity, solitary beasts pacing back and forth, back and forth, within their cells. And I think of the empty way the lightning split the sky in pieces the afternoon Rose and I spent watching it strike the way she and her father used to. And finally how Rose threw my paints onto the floor in a wild anger, but forgot that Simon was a lion, not a housecat. Somehow, it all seems to fit together. I decide to forgive Rose. At the very least, for the sake of our walk home.

Cameron and Angelina

January 5, 2005, 10:44 PM
To: Angelina Young
Subject: Starting

My dear Angelina,

I made it. The last two days have been a hectic stream of airport terminals and tarmac. You would think with the holidays good and done, things would be calmer. Except, it was insane trying to make my connections. I actually missed my flight in Chicago. It was crowded and I couldn't make it across O'Hare in time, even running. Halfway to my gate, I realized that boarding on my flight had already closed. I talked to someone from the airline for an hour trying to figure things out. She just kept telling me to *calm down*. How the fuck was I supposed to calm down when I couldn't afford to buy a new flight? It was all just so loud and busy. I couldn't catch my breath.

We figured something out, though. Of course, that was after they called security. Honestly, what did they think I was going to do? Anyway, there was a flight for the next morning and the airline covered it. After it was settled, I was so exhausted I found a quiet part of the airport and slept for a few hours. That helped. Long story short, I'm here.

San Francisco is wild. While I was waiting to meet my landlord, I walked around the city. It feels like the whole place is celebrating something. Everywhere you go people of all nationalities are talking, yelling, laughing. The neighborhoods are a patchwork of cultures with loose borders that run into each other. One moment, you're walking past all these uppity, European-style hotels and restaurants in Union Square, and the next you find yourself in the heart of Chinatown with lanterns hanging off of buildings and shops full of cheap knickknacks spilling out onto the street. If everyone weren't so friendly, it would be chaotic, but somehow

everyone seems to coexist pretty fluidly. It's so different from Georgia, or Afghanistan, or, frankly, anywhere I've ever been. I can see us being happy here.

After getting settled at the new place (which consisted of my throwing duffel bags into the room), I walked around the surrounding neighborhoods some more. It makes me edgy being somewhere new. Every time I passed someone on the street I could feel myself tightening, pulling inward. You know, I like to know my landscape. So, I learned that the apartment is in the Mission, San Francisco's Hispanic district. And that there's a really great burrito place, *La Taqueria*, just down the road. Your Spanish will come in handy here, I'm sure.

Also, get this: the whole area is covered in street art. It actually reminds me of the Old Fourth Ward in Atlanta. Your art, of course, is better than anything I've seen here, but still it's good. Do you remember when we went into Atlanta for the weekend (this was before I was dispatched for my first tour)? I remember you spent hours recreating that one piece of the little girl with scars covering half of her face. She had run away from home and was looking back over her shoulder at the viewer. It was beautiful... just like you.

It's hard to be away from you for so long, again. You would think I would be used to it by now, but I still miss waking up next to you. The way you turn away from me when I tell bad jokes, so that I don't see you laughing. Mostly, I miss the way everything seems okay when you're around. The world becomes more bearable – safer, somehow. August isn't so far off though.

I've got the interview for that construction job tomorrow. Peter hooked it up for me. I should probably head to bed. I hope all is well on your end. Your new projects sound fascinating. Only one more semester until you break into the world with your B.A.! I'm so proud of you, babe. Keep powering through. If I'm lucky, I'll see you in my dreams.

Love,
Cameron

January 10, 2005, 5:45 PM
To: Cameron Devons
Subject: RE: Starting

Dear Cam,

I'm so glad you made it safely to San Francisco. I'm sorry you ran into some trouble at O'Hare. The airport attendant was probably just playing it safe and you can get worked up... You're a pretty big guy, too, you know? Did you try those breathing exercises that I told you about? You should. They may come in handy for you, too.

San Francisco sounds amazing. I did a little research online and it seems as if the art scene there follows my aesthetic pretty closely. I can't wait to explore the galleries in person and make some connections within the art community. Promise me you'll try to at least visit the de Young Museum. I'm dying to hear about it! Oh, also I ran into your mom at the library last weekend. Find a way to call her, please. She misses you.

And, of course I remember that weekend in Atlanta. It was cathartic being there with you and recreating that piece. Did I ever tell you how the vision of that girl came to me? It was in a dream I had after my mom and I moved into a cheap one-bedroom on Cherokee Ave. I was probably 18. In the dream, I was homeless again, sitting in Grant Park drawing by the river. Wordlessly, this girl, with scars covering half of her body, approached and sat down next to me. She was carrying a ramshackle bag of odds and ends. Her clothes were almost worn through. She looked translucent in a way, also. Hungry. We didn't speak, but after awhile she reached for my hand.

As her fingers made contact, I saw flashes from when I was younger: My dad drinking on our dilapidated front porch, the empty bottles that littered our home like old editions of unwanted magazines, his voice streaming obscenities behind me as I walked to school, my mother's screams cutting through the thin walls of my bedroom, the taste of bloodied carpet, and the choking anxiety of my father turning towards me, his eyes red. I woke with tears drenching my pillow. I was choking on the residue of everything that had happened. I was guilty that I couldn't stop him, that he was able to hurt us so much. I feel as if that piece of the girl with the scarred face became a release for everything that could have been for me, if my mom hadn't left my dad when she did. Thank god, she left him...

Anyway, that's the past. Let's focus on the future. I hope the interview went well and you're settling in okay. I have to head back to the studio for a few hours, so I should split. Try the breathing exercises! I miss you, too.

Love, always,

Angelina

January 11, 2005, 2:55 AM
To: Cameron Devons
Subject: READ

Cam,

Sorry to hit you with the double e-mail, but I'm freaking out. I've been trying to gather myself for hours. I've tried painting, going for a drive, and, now, I'm about halfway through a bottle of wine. Still, I'm freaking out.

I was working on the installation piece at the studio tonight (or I guess last night now) and my Dad calls. I don't even know how he found me. He asked me how I was, as if he's ever known how I've been. I mean honestly it was as if through one phone call he thought he could

construct an entire relationship. He wants to meet, to talk – he wants to apologize. He said he's sober, that he's been sober for four months, but honestly he hasn't been sober for more than a week at a time for as long as I can remember. He doesn't deserve the right to apologize.

I just keep feeling like he's going to show up, like he knows where I live, which is ridiculous. My walk home from campus was excruciating. And now, every time I hear the upstairs neighbors moving around I jump like someone crashed a cymbal next to my ear. I've checked the deadbolt six times. It's stupid. I'm an adult. I've moved past this. But, I can't help it and I can't sleep. I feel small... young. This isn't fair to say, but I wish you were here. I'm going to take something and try to sleep. I'm sorry for the panicked message.

Angelina

January 12, 2005, 1:36 PM
To: Angelina Young
Subject: RE: READ

Jesus, Ange, I'm sorry it took me this long to get back to you. I'm using the public library computers until I save up enough for a phone. Your dad is a piece of work, calling like that. How are you doing? What do you need from me? I just can't believe he's reaching out to you now, after all of this time, after you've come so far. If there weren't a country between us, that man would be in deep shit. Honestly, if he ever touches so much as a hair on your head ever again, he's dead.

But, remember, Ange, don't give him the power to derail you. You have friends and family who love you. You're just months away from graduating. You're better than him and you're not solely a victim. You're brilliant.

Let me know what you need or what I can do to make this easier for you. Please.

I do have some good news to lighten the mood (hopefully): I got the construction job. I start tomorrow. It's nothing fancy, but it pays decently. The boss seems pretty cool, too. One of my brothers from the army hooked it up, Peter. I think you've met him before. Anyway, let me know if you need anything at all. I may be physically far away, but I'm always right here for you.

Love,

Cam

January 25, 2005, 1:28 AM

To: Cameron Devons

Subject: RE: RE: READ

Dear Cam,

Thanks for your e-mail. I know you're always available and I appreciate that so much. Congratulations on the job. I knew you would get it. I've been really busy lately, but I'll send something longer soon.

Love,

Angelina

February 10, 2005, 7:03PM

To: Angelina Young

Subject: RE: RE: RE: READ

Hey Angelina,

Haven't heard from you in a while. I hope you're doing okay. I know the stuff with your dad shook you, but you have to talk to me. I just don't know what to make of your silence being so far away. It's driving me crazy. Respond, please.

Cameron

February 20, 2005, 12:27 PM
To: Cameron Devons
Subject: I'm sorry

Dear Cam,

I'm sorry I haven't been in touch lately. This stuff with my dad has really rattled me. I guess I just haven't been able to figure out these feelings well enough to talk to anyone else about them, even you. I just can't. I haven't responded to him. And he hasn't called back. I guess he got the message. I just want things to go back to how they were before he called.

I haven't been sleeping too well lately. And when I do sleep, I've been having those old nightmares. I feel as if I'm walking around in a haze. It's been hard to focus on my work lately, too, which is the worst of it. The other day, one of the women who works in the gallery asked me a simple question about hanging a new display and I went off on her. I never go off on any of the staff. Everything just feels like it's falling apart. I'm so glad I have you, though. Forgive me for being distant? I'm doing my best.

Love, always,

Angelina

February 24, 2005
To: Angelina Young
Subject: RE: I'm sorry

Dear Angelina,

Of course, I forgive you. I wish I could be there with you. Maybe if I save up enough, I can make it back for your graduation? We'll see. At the very least, August keeps getting closer.

Things have been kind of weird here lately. Some of the guys I work with are true blue Californian hippies, you know, very granola. One of their favorite topics, besides Bikram yoga, is the barbaric nature of war. I just think about all of my brothers who gave their lives so these

assholes can enjoy their fair-trade coffee. I don't know how to connect with them, so I just don't. They would never understand.

I'm going to try to use Pete's laptop, so we can Skype. I miss seeing you and I think we could both use some face time. I hope that you start feeling better soon. Never forget that you're incredible.

All my love,

Cameron

March 4, 2005, 3:14 PM

To: Cameron Devons

Subject: ...

Hey you,

It was so good to see you Monday (even if it was just through a tiny computer screen). You looked good. Tired, but *good*. I hope work hasn't been too rough lately. You skirted around it when we talked. Don't let those guys bother you too much.

I was thinking about it and you never really talk about the things you saw overseas... I know things have been sort of hectic for me lately, but I promise, I'm fine. If you ever need to talk about any of your experiences you can. These things happened to you. You don't have to pretend they didn't. But, obviously, no pressure.

I've been thinking a lot about duplicity lately. Something I think we both can appreciate. In fact, I started a new series in the studio after we talked. It's all about shadows. The first piece that I sketched out is of a man playing basketball with his friends at Knight Park. He's playing competitively and laughing, but his shadow is turned away from his friends, retreating. I'm really excited. It's the first thing I've been able to hold onto in awhile. I'm absorbed. I've been the last one at the studio all week. In fact, I've barely slept. I can't wait for you to see the series.

Talk to you soon.

Love,

Angelina

March 14, 2005, 9:56 AM

To: Angelina Young

Subject: just read

Ange,

I have to tell you something. It's sort of hard for me to say, let alone type. I was fired yesterday. I've never lost a job in my life. But, I have now. If I could've just explained the situation... maybe my boss would've reconsidered.

So, those guys I told you about, the anti-war guys from the crew who care more about the newest microbrew than their fellow Americans overseas. Yeah, them. Well, they were talking about the situation in Iraq right now. They were going on and on about how what *a shame* it is that the people who died, civilians and soldiers, how they died for nothing. How we haven't progressed socially because of the war at all. I just, I lost it. There was nothing more to it than that. It was like, I snapped. I mean I saw those bodies. I saw the little girl who lost both her parents being pulled away from her home. I saw my friends, who I had trained and served with for years of my life, die. And I saw it all again, right then. I felt like I was back there. Ange, I couldn't breath. I just... couldn't. When I came back to myself, I was screaming at those guys. It sounds bad, I know it sounds bad, but they were pushing me. They just can't understand; they don't want to. They knew that I'm a vet. I don't think they've liked me from the beginning.

Anyway, I just wanted you to know. I'm embarrassed. I lost control.

Love,

Cam

March 15, 2005, 12:35 PM
To: Cameron Devons
Subject: RE: just read

Cam,

I don't know what to say... I'm sorry. That sounds awful. But, it's okay. It's going to be okay. You can find another job. Maybe you could even try to talk to your boss again? Explain yourself. It sounds like those guys were being really insensitive. Your boss has to understand that. Let me know what happens.

I love you,

Angelina

March 20, 2005
To: Angelina Young
Subject: RE: RE: just read

Angelina,

I talked to my boss again. He said he can't have someone who is "volatile" on his crew. I can't blame him. I would've made the same decision. I should have controlled myself better. I'm going to stay on Peter's couch until I can find some permanent work. Fingers crossed things start to look up – for us both.

All my love,

Cameron

Naima and Sean

“They finished unloading the moving van. It is empty. The moving van is empty. Empty. Empty.”

“The door is open, it’s still open. Don’t stand by the door. Close the door. Lock the door.”

“Stupid. You are stupid. So so stupid. Ignorant. Stupid. Stupid.”

“This is new. This is not safe. They will find you here. You are not safe. They know you’re here.”

Sean looks up from the box of dishes in front of him to peer at Naima. She is facing away from him, unloading books onto the shelf by the door. Her hips sway slightly to the rhythmic music pouring out of the speakers in the kitchen. It reminds Sean of when they were younger and used to go out dancing. Sean moves closer to Naima and wraps his arms protectively around her. He kisses her neck, tracing the hollows of her collarbone. She turns and smiles.

“Hey you, what do you think? It looks pretty good, right?” Naima considers the room as if to answer her own question, and smiles. Evidently, it is satisfactory. The apartment is made up of an open kitchen and living room. It is a brightly lit expanse of pine flooring, yellow walls, and exposed brick left over from a long-retired chimney. The apartment is small, but the windows run nearly from the floor to the ceiling, creating an illusion of space.

“It’s perfect,” Sean says, his eyes never leaving Naima’s hazel irises.

There’s a knocking from outside the front door.

“Hello?” Sean asks of the noise.

A woman in her early forties peeks through the open front door, a hand raised in greeting. She is petite and her hair is cut short in a bold pixie style that is decidedly cool. “Hello! I’m Nancy. I live just down the hall with my husband Chris,” the woman says, gesturing to the apartment on the other side of the building.

“Hi Nancy, it’s a pleasure to meet you. I’m Naima.” Naima smoothly slides her left hand into Sean’s while reaching forward with her right to shake hands with Nancy.

“Oh, stop that. I’m a hugger,” Nancy says, playfully refusing Naima’s outstretched hand. She spreads her arms out wide and clasps Naima in what was surely meant to be a welcoming hug. Naima stiffens as they embrace, but as she pulls away a pristine smile stretches across her face.

“Sean. So nice to meet you.” Sean moves forward and gives Nancy a quick one-armed hug.

“So, what brings you two to Burlington?” Nancy asks.

“Well, Naima recently completed her Ph.D. in Music Therapy at NYU. She was offered a job at UVM. So, here we are,” Sean says, standing just slightly in front of Naima.

“Yes. I’ll be helping them develop a new Masters program,” Naima adds.

“And I work as a freelance writer. Although, with the move, I haven’t been doing much writing lately. It’s nice to work from home, though. It makes it easier to shift my schedule around to suit our needs.” Sean looks meaningfully at Naima and reaches for her hand.

“Lucky you! That’s the dream, isn’t it? And a Ph.D. from NYU, that’s very impressive,” Nancy says, eager.

“You know we both have our struggles with our jobs, but we got lucky. We both found things we love to do. They keep us sane, you know?” Naima says, shifting around Sean to stand by his side.

“Oh, I do. I teach over at Edmunds Elementary School. Sometimes, those kids just about drive me crazy, but then they say something sweet and I melt.” Nancy smiles in a soft way. “Is it just the two of you? No little ones?”

After a pause, Naima replies, “Well, I actually have a daughter from a previous relationship, but she lives with her Dad.”

“How old is she?”

“Just recently 13. I can’t believe it. She’s grown up so fast.”

“Oh, it flies by. I meet kids all the time that I used to have in class and they’re headed off to high school. Soon it’ll be college...” Nancy shrugs as if pushing off the years from her shoulders. “Anyway, I don’t want to disrupt your unpacking, but I just wanted to stop by and introduce myself. Chris and I really appreciate getting to know our neighbors. We would love to have you both over for dinner sometime. I know this is last minute, but would you be free next Saturday?”

“Absolutely. That sounds wonderful. It was a pleasure meeting you, Nancy.” Naima smiles and turns back to her books.

“Thanks for stopping by,” Sean says, following Nancy out into the hallway. “It’s always nice to be welcomed.”

“Of course! It was so great to meet you both. See you Saturday!” Nancy says, waving over her shoulder as she disappears around the corner.

Turning back inside the apartment and closing the door behind him, Sean fixes Naima with an anxious look. “That was weird, right? Why would they invite us over without even knowing us? I’m not so sure it’s a good idea we go to this dinner.”

“Sean, it’s fine. She was pretty forward, yes, but we can handle a simple dinner. Honestly, she was being friendly. I’m excited for it. We’ll be fine,” Naima says laughing, “You act as if we’ve never been out in public before.”

“Naima, come on, you know what I mean,” Sean says, stone-faced.

“I do. I swear, it’ll be fine. We’re going,” Naima says, firmly placing the last book on the shelf.

“Okay, if you really want to go then I’m on board,” Sean says, the tension slowly easing from his face.

“Good. It will be fun. I can feel it.” Naima kisses him on the cheek. “Welcome home.”

“You’re wearing that. Why would you wear that? They will think you’re crazy. You’re crazy.”

“They know. They are trying to trick you, to trap you. They know. They know you’re here.”

“You are ugly. Unlikable. They won’t like you. They need to like you. Make them like you.”

“Don’t trust the others. You must stay focused. They’re coming. Be focused. Focus.”

Naima lifts her hand to knock at the door just as it swings open. A tall, heavysset man with a dark, full beard stands just inside.

“Nance, you were right, they’re here!” he calls into the apartment.

“Oh, wonderful! I’ll be right out!” Nancy calls from a few rooms away.

“Hi, you must be Chris. I’m Sean.”

“Sean, a pleasure. That must make you Naima. Well, come in, come in. Make yourselves at home.” Chris leads them into the living room. “Can I get you all something to drink? We have this great Merlot, if you’re interested?”

“Sure, that sounds great. Thank you.” Sean smiles.

“Yes, for me as well, thank you,” Naima adds.

“Great. I’ll be right back.” Chris ducks out of the room, leaving Sean and Naima alone for a moment. At the same time, their eyes land upon the collection of animal caricatures hanging along the wall opposite to them. They exchange an amused look. Nancy comes in with a tray of cheese and crackers.

“Hey, you two.” Nancy greets them. “How’d your first week in Burlington go?”

“Oh, it’s been busy, very busy. We’ve been unpacking and getting some odds and ends for the apartment. I feel as if I’ve barely seen the city,” Naima says.

“That’s too bad. I’m sure things will settle down soon. If you ever need any recommendations for spots around town feel free to ask. Chris and I have been here for almost 10 years now.” As Nancy speaks, Chris enters, balancing a tray of glasses and a bottle of red wine.

“The wine is bad. They planted the wine. They know you’re here. Bad. Bad. Bad.”

“The wine. The wine is poison. They are trying to poison you all.”

“If you want to survive, spill the wine. Drop the wine. Protect. Protect. Protect.”

“The glass. You need the glass. Save the glass. The wine is bad. The glass is good. Save them.”

“Let me help you with that.”

Red wine and glass pieces stream across the marble coffee table and create a swirling, burgundy pool on the wooden floor. The wine drips in a consistent, lulling pattern.

“Don’t forget the glass. Save the glass. You need the glass.”

“Drip. Drip. Good. Drip. Drip. Good. Drip. Drip. Good.”

“Oh, I’m so sorry about that. Let me clean it up,” Sean says, looking at Naima, while speaking to Nancy and Chris.

Nancy’s face has frozen in her accommodating grin. She quickly recovers and runs off to the kitchen for a rag.

“Yes, I’m sorry about that. Let me help,” Naima adds, shaking her head and looking apologetically at Chris.

“Oh, it’s no problem. Just an accident. Don’t worry about it,” Chris says, grinning awkwardly. The thing is, it didn’t look like an accident. Nancy returns with the paper towels and disinfectant spray. Nancy mops up the red wine and carefully picks out the glass pieces from the bottle. In a few minutes everything has settled.

“I hope you both like curry!” Nancy says, regaining her role as hostess. “Why don’t you all head into the dining room while Chris and I bring the food out.”

Naima and Sean head into the dining room and take their seats at the square table. Chris comes out with a pitcher of water and a towering plate of naan.

“Naima, darling, would you mind helping me with these dishes?” Nancy calls from the kitchen as if they’re old friends.

“Of course!” Naima jumps up. She is eager to remedy the wine incident.

As Naima walks into the kitchen, Nancy reaches out to touch her arm. “Naima, I’m so glad we have a second to chat. I just wanted to say it is so *nice* that you and Sean have each other. Really.”

“Oh. Well. Thank you,” Naima says, puzzled by the gesture.

When the women come out of the kitchen, the men are sitting silently across from each other at the table. Sean’s face is flat.

“Don’t you two get too wild without us,” Nancy jokes and finds her place at the table. Naima follows and sits down next to Sean.

“You must protect. No one can know you have the glass. Protect the glass. Protect them.”

“Fork. Knife. Fork. Knife. Chew. Chew. Protect. Protect. Protect. Be normal.”

“The table is set. They are sitting at the table. Eat. They eat. They consume. Protect.”

“Talk. Everyone is talking. Talk. Talk. Speak. You are not mute. You could be mute. Speak.”

“I’m sorry, what did you say?” Nancy asks. She knows the words were not said for her.

“It was nothing,” Sean says.

“Yes, nothing,” Naima emphasizes. “Tell us more about your community partnership project.”

“Basically, it is just a way for community members to offer their expertise to the kids. You know, help them explore potential careers. That sort of thing,” Nancy shares.

“That sounds great. Do you ever do any work with the Howard Center? I read a lot about them for a piece I was doing on the mental healthcare system up here awhile back,” Sean asks, genuinely interested.

“Oh, no. I don’t think so. We wouldn’t want to scare the kids. The Howard Center deals with some very serious mental health issues. I feel that might be better for the high school program,” Nancy says. The room grows quiet.

“That’s you. You are too scary for the children. You. You. You”

“Protect. You are good. The only one who knows. You know. You can save them.”

“Keep the glass. When it cuts your palm. It is good. It is working. Keep it.”

“Protect. Protect. Protect. You must protect.”

“Dinner was excellent,” Sean says with a smile as he reaches out to hug Nancy.

“Yes, dinner was just lovely. Thank you for having us,” Naima adds as she embraces Chris.

A shard of glass covered in blood falls to the floor in the middle of the group. It lands with a thud that draws everyone’s attention.

“What is that?” Nancy asks, taking a closer look.

“It looks like some glass from the wine bottle...” Chris says, the uncertainty heavy in his voice.

“Oh, weird. It must have been caught on one of our shoes,” Sean weakly offers, picking up the shard of glass.

“Well, we should be going. It’s late. Take care and thank you again for having us,” Naima says as she ushers Sean out the door.

As the door shuts behind them, both Naima and Sean exhale. They made it.

“It is Sunday. Sunday. Almost noon. The coffee is ready. Drink the coffee. Sit and drink.”

“Read. It’s here. All here. Read. The paper will tell you everything. Everything. All here.”

“They are on the couch. Together. On the couch. Happy. Together. On the couch.”

“Read. Happy. Together. All here. Coffee. Noon, almost noon. On the couch.”

Naima hands Sean the arts section of the newspaper. “There’s a great piece on Martin Ramirez. I think you’ll like it.”

“Thanks, I’ll check it out.” Sean takes the paper. There is a knock at the door.

“I’ll get it. I need some more coffee anyway.” Naima moves to the door in a fluid motion.

It is the building’s landlord, Ron. “Good morning, Naima. Are you two settling in all right?” He asks, nervously wringing his hands in a motion that reminds Naima of strangling.

“Oh, hello Ron. Yes, just fine. How are you doing this morning?”

“Fine, just fine... Listen, this is hard, what with you being new tenants. I’ve had a complaint from one of your neighbors already. This morning actually.” Ron’s hands pause their violence.

“Oh,” Naima turns to look at Sean. He is already alert, watching her from the couch.

“Was it from our speakers? Because we can change the settings so that they play more quietly,” Naima asks, hopeful.

“No. No, it was nothing like that. The other tenant was more concerned about the safety of the building. I don’t quite know what she was talking about, but I figured I should follow it up with you all just to be sure,” Ron stammers. “Is there anything I should know about? I want all my tenants to feel comfortable and, of course, safe in their homes.”

“Nothing you don’t already know, Ron. It was probably just a misunderstanding. It happens. We’ll sort it out. Thank you for stopping by,” Naima says, smiling tightly.

Clearly relieved, Ron breaks into a smile, “Great. Well, you enjoy your day now. Let me know if there’s anything else I can do to help.”

“Yep. Will do. Thanks, Ron. Have a good one.” Naima closes the door. “I can’t believe she already complained to Ron.”

“Who?” Sean asks, before catching on. “Nancy? You think Nancy complained about us?”

“Who else would? You have to admit last night didn’t go as well as we had hoped. But she wants us kicked out already? I mean, she could at least try to understand. You know, at the very least talk to us first.”

“Yeah, you’re probably right... Although, we didn’t explain ourselves very well either.”

“I know, but we couldn’t. Not right then,” Naima says, coming to sit next to Sean. Silently, she picks up the bottle of Clozapine from the table and leans her head on Sean’s shoulder.

“Some welcome,” Sean says. He lays down the paper and pulls Naima in towards him. “I really thought things would be different here.”

“They know. They can’t un-know. They don’t understand. They know. Know you. Know”

“Crazy. You are crazy. They think you’re crazy. You scare them. Scare. Easy. Scare.”

“Protect. Protect them. They will understand soon. They will know what you know.”

“Happy. How happy they will be. You protect. Protect them. You are good...”

“By the way, how are you feeling this morning?”

“Better. So much better.”

Conclusion

Throughout our nation's history there has been both systemic and personal marginalization of mental health patients that has contributed to the stigma of mental illness. Today, although significant progress has been made, particularly in respect to the quality and availability of care, individuals living with a mental illness face societal pressures, such as stigma, that threaten their social lives, psychological wellbeing, and independence. Stigma may be understood as the process through which an individual's expectations and evolutionary predispositions propel them towards the identification, labeling, and discrediting of another person based on characteristics or behavior. The stigma of mental illness functions on the individual level by the identity of a "mentally ill" person being imposed onto the diagnosed individual. Through the review of successful interventions for the stigma of mental illness, three essential features became apparent: the need for exposure to, normalization, and representational restructuring of the experiences of mental health sufferers.

In this project, my goal was to disrupt the process of stigmatization by eliminating the availability of a label, thus preventing the discrediting of the human being in question due to her/his mental illness. Within this indefinite space, the reader's preconceptions about individuals who have a mental illness will be challenged and, hopefully, reexamined. Here, similar to what Morrison does with race in "Recitatif," I challenge the binary of mental health, and instead advocate for the layperson acknowledgement of the realities of mental illness and the variability that exists within the spectrum of abnormal to normal behavior.

In her masterful 1983 short story "Recitatif," the inspiration for the current project, Toni Morrison complicates the process of race-based stigmatization. Morrison masters and reworks archetypal views of race, particularly blackness, in a space void of clear racial labels to create a

tension around the unknown (Morrison, 1992). She creates an unrealistic space of absolute racial ambiguity within our racially ordered society that allows for undeniably real evaluations of the problematic portrayals of and ideation around race in the United States. By forcing the reader's view away from the extremes of "black" and "white," Morrison uncovers a realm of substance within the characters and story (Benjamin, 2013). Thus, through her work, Morrison challenges the traditional ways in which race is written and read, prompting both private and public dialogues that extend beyond the page.

Inspired by Morrison's exploration of race as a stigmatized identity in "Recitatif," I considered the ways in which mental illness as a social identity is often portrayed in canonical literature as well as other media forms. Typically, these depictions of individuals who have a mental illness include themes of incompetence, ineffective treatment, resistance to treatment, and/or violence towards the self or others. In this, the extremities of mental illness are dramatized, creating and reinforcing misrepresentative portrayals of the community of individuals living with mental illnesses. By including signifiers of mental illness throughout the short stories without clear diagnostic labels, I evoke these very misrepresentations and, in turn, complicate them through the use of ambiguity.

I do not believe that my work is exceptional in progressing societal views on mental illness, although I do believe it offers a unique approach to the topic. The current project creates an ambiguity around mental health, which allows the reader to evaluate her/his own biases and predetermined attitudes about mental illness. In addition to this, there are a number of modern publications that, in conjunction with the necessary self-evaluations established in the current project, provide more accurate and understanding portrayals of mental illness, such as *The Curious Incident of the Dog in the Night-Time* (Haddon, 2002), *Preparation for the Next Life*

(Lish, 2014), and *Me, Myself, and Them* (Snyder, Gur, & Wasmer Andrews, 2007) (for a complete reading list consult Appendix A). Even these texts, though, may not stand alone as representations of mental illness due to the incredible amount of variability between and even within disorders. To best capture the realities of mental illness and society's problematic attitudes around mental illness, I propose works such as the current project and those described above be read together and discussed.

With this in mind, my hope for this project is that it helps to build a greater conversation and elicit a necessary skepticism when it comes to depictions of mental illness. These short stories aim to cultivate compassion towards those suffering from psychological disorders and to call the reader's pre-existing biases and prejudices into question. Those who live with psychopathological diagnoses are complex individuals who not only have a right to acceptance, independence, and our understanding, but also to our respect. Ultimately, the take away from this project is that literature and language more generally are inseparable from our lived reality. They are essential to its creation and interpretation. Thus, the way in which we view individuals, speak, and write about them has real world implications. Therefore, as Morrison says, we must claim "response-ability" as consumers and contributors within our world (1992, xi). In order to overcome pervasive forces, such as stigma, we must first acknowledge our own shortcomings in understanding on our individual pursuits towards a more compassionate and inclusive world.

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I would like to use a little space to thank just a few of the many people who have inspired and supported me throughout this project, the culmination of my education at the University of Vermont (UVM). First off, a very big thank you for the constant intellectual and emotional support from my advisor, Sarah Turner, whose class was amongst my very first and most influential at UVM. Many thanks also to Judy Christensen for keeping this work grounded in accurate psychological experiences and for sharing her lifelong passion with me for reducing the stigma associated with mental illness. Thank you to Emily Bernard for inspiring me to constantly push my thoughts, experiences, and writing beyond my comfort zone as a means for growth in every department.

Thank you to my father for supporting my education in every way and passing on his love for the human mind and English language. If it were not for him, I would not have had the privilege to complete a project or an education such as this. An exuberant thank you to my mother for believing that I can accomplish anything I set my mind to and, moreover, for acting as a living example of that very perseverance. And to my brother, who has had his own demons to face and overcome, thank you for your honesty, your wit, and your deeply moving insights into the ways of the world. You each inspire me constantly.

Lastly, I would like to humbly thank each and every person who has shared their stories and struggles with mental illness with me, before and since this project came to form. It has been an absolute honor to hear from you and to see how far you each have come in your own pursuit of peace of mind. Thank you.

Appendix A

Progressive Works on Mental Illness: A Reading List

Adam, D. (2015). *The Man Who Couldn't Stop: OCD and the True Story of a Life Lost in Thought*. Farrar, Straus, and Giroux.

In *The Man Who Couldn't Stop: OCD and the True Story of a Life Lost in Thought*, journalist David Adam shares his personal experiences with obsessive compulsive disorder (OCD), particularly his ongoing obsessions about contracting the AIDS virus. Adam utilizes his personal experiences as a foundation for explorations into the history and science of the disorder. Through this, his work achieves personal relevancy, practical application, and the easy-to-follow presentation of scientific research.

Haddon, M. (2002). *The Curious Incident of the Dog in the Night-Time*. Doubleday.

Informed by years of experience working with youth who have autism spectrum disorder, Mark Haddon offers an eye-opening look into the world of a high-functioning young man who has autism as he attempts to solve the mystery of his neighbor's dog's death. Through this perspective, the intricacies of social functioning deficits are explained, illuminating to the reader what it's like on the other side of social interactions for someone who has social communication impairments.

Lish, A. (2014). *Preparation for the Next Life*. Tyrant Books.

In *Preparation for the Next Life*, Atticus Lish details the romance of Zou Lei, an undocumented, Chinese immigrant, and Brad Skinner, an American ex-soldier who suffers from post traumatic stress disorder (PTSD). Through Lish's descriptions of

Skinner's emotional confinement and outbursts, self-medication, and urgent restlessness the alienating and unceasing nature of PTSD is unveiled.

Snyder, K., Gur, R. E., & Wasmer Andrews, L. (2007). *Me, Myself, and Them: A Firsthand Account of One Young Person's Experience with Schizophrenia*. Oxford University Press.

In *Me, Myself, and Them*, Snyder recounts his experiences with schizophrenia, from the onset in college through his eventual recovery. Snyder offers vivid descriptions of his altered perspective and the ways he truly lived his delusions. Psychiatrist Raquel E. Gur, M.D., Ph.D. and science writer, Linda Wasmer Andrews also provide other case studies, diagnostic criteria, and treatment information throughout the book, allowing it to become applicable to others suffering from adolescent-onset schizophrenia and those looking to learn more about the disorder.

Solomon, A. (2001). *The Noonday Demon: An Atlas of Depression*. Simon and Schuster.

In *The Noonday Demon: An Atlas of Depression* journalist Andrew Solomon utilizes personal experience, scientific research, and cultural studies to provide a cross-disciplinary review of depression as a human phenomenon. He writes his own story of living with and healing from this mental illness. Further, he extends his work to other's experiences and the many avenues of thought that can arise from such battles of the self within the self.

Wilensky, A. S. (2000). *Passing for Normal: A Memoir of Compulsion*. Broadway Books.

In this poignant memoir, Amy Wilensky shares her lifelong struggle with Tourette's syndrome and obsessive compulsive disorder (OCD). She describes two levels of herself: one that is "normal" and another that is "crazy." Through this, she begins to question how absolute either term truly is. As she attempts to sort through these aspects of herself, she

tells the story of the beginning of her disorders, her life with them, and her eventual commitment to treatment. Through her story, the emotional and social strains that mental illness puts on individual's lives are brought to attention.

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